

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services



**MLN Matters® Number: MM9609**

**Related Change Request (CR) #: CR 9609**

**Related CR Release Date: September 16, 2016**

**Effective Date: January 1, April 1, or July 1, 2017 as noted below.**

**Related CR Transmittal #: R17150TN**

**Implementation Date: January 3, April 3, or July 3, 2017**

### **Updates to the 72X Type of Bill for Home and Self-Dialysis Training, Retraining, and Nocturnal Hemodialysis**

#### **Provider Types Affected**

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This MLN Matters® Article is intended for End-Stage Renal Disease (ESRD) facilities that submit claims to Medicare Administrative Contractors (MACs) for ESRD services provided to Medicare beneficiaries

#### **Provider Action Needed**

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Change Request (CR) 9609 implements condition code 87 that can be used on the 72X type of bill for ESRD facilities to indicate that the ESRD beneficiary is receiving a retraining treatment. CR9609 also introduces the UJ modifier to show the provision of nocturnal hemodialysis. Make sure your billing staffs are aware of these changes.

#### **Background**

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Effective January 1, 2011, The Centers for Medicare & Medicaid Services (CMS) implemented the ESRD Prospective Payment System (PPS) based on the requirements of Section 1881(b)(14) of the Social Security Act (the Act) as amended by Section 153(b) of the Medicare Improvements for Patients and Providers Act (MIPPA). The ESRD PPS provides a single per-treatment payment to ESRD facilities that covers all of the resources used in furnishing an outpatient dialysis treatment.

The ESRD PPS provides a home and self-dialysis training add-on payment adjustment when the beneficiary is training for home or self-dialysis. The training add-on payment adjustment

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is applied to a maximum of 25 treatments for hemodialysis and 15 treatments for peritoneal dialysis. After the initial training is completed, ESRD facilities can receive the training add-on payment adjustment when ESRD beneficiaries are retraining. Currently, ESRD facilities report the 73 condition code for both training and retraining.

### **Nocturnal Hemodialysis - Effective January 1, 2017**

Nocturnal hemodialysis is performed either at home or in a dialysis facility while the patient is sleeping. It is a longer and slower form of hemodialysis that can be >5 hours per treatment, 3 to 7 days a week.

Currently under the ESRD PPS, there is no claims processing mechanism for ESRD facilities to recognize that an ESRD beneficiary is receiving nocturnal hemodialysis. CR9609 implements the UJ modifier – services provided at night, for ESRD facilities to append on the dialysis line to indicate that the treatment furnished is nocturnal hemodialysis, that is, longer and slower hemodialysis that can be performed at home or in-facility for >5 hours per treatment, 3-7 days a week.

### **Home and Self-Dialysis Training Add-on Payment Adjustment - Effective April 1, 2017**

There are no changes to the home and self-dialysis training policy discussed in the “Medicare Benefit Policy Manual,” Chapter 11, Section 30.2. CR9609 does implement a treatment cap for the number of training treatments furnished to ESRD beneficiaries. ESRD beneficiaries that receive training for hemodialysis should not receive more than 25 training treatments. ESRD beneficiaries that receive training for continuous cycling peritoneal dialysis and continuous ambulatory peritoneal dialysis should not receive more than 15 training treatments.

### **Home and Self-Dialysis Retraining - Effective July 1, 2017**

There are no changes to the home and self-dialysis retraining policy discussed in the “Medicare Benefit Policy Manual,” Chapter 11, Section 30.2.E. CR9069 does implement condition code 87 (ESRD Self Care Retraining) that can be used on the 72X type of bill for ESRD facilities to indicate that the ESRD beneficiary is receiving a retraining treatment.

## **Additional Information**

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The official instruction, CR9609 issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1715OTN.pdf>.

Chapter 11 of the “Medicare Benefit Policy Manual” is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c11.pdf>.

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If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html>.

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